

# Exhibit 28

Pay Period End Date: 01-26-2017

Employee ID: 0000021363

Check Date: 01-26-2017

Control Number: 4300617

## CITY AND COUNTY OF HONOLULU

Name: LOUIS M KEALOHA

Check Number: 000000020600767

Payroll Number: CCH1



Department / Unit: HPD / 0094

Pay Location: HPDEA1

Federal Tax Exemptions: S 1

Total Gross Amt: \$250,000.00

Total Deductions Amt: \$90,000.00

State Tax Exemptions: S 1

YTD Gross Amt: \$266,267.34

Net Pay Amt: \$160,000.00

Reissue: No

EARNINGS			
Description	Pay Rate	Input Amount	Pay Amount
SVN PAY NO RET		250,000.00	\$250,000.00

DEDUCTIONS		
Description	Deduction Amount	YTD Deduction Amount
FEDERAL TAX	\$62,500.00	\$65,429.64
STATE TAX	\$27,500.00	\$28,630.62
MEDICAL PRE TAX	\$0.00	\$446.80
DENTAL PRE TAX	\$0.00	\$41.26
VISION PRE TAX	\$0.00	\$6.28
DRUG PRE TAX	\$0.00	\$106.24
PENS CONTRB PLN	\$0.00	\$1,935.82
DEFRD COMP C-UP	\$0.00	\$650.00
CU DD POL	\$0.00	\$515.00
HPD RELIEF FUND	\$0.00	\$36.12
SHOPO ASC DUES	\$0.00	\$70.00
SHOPO OPT AD&D	\$0.00	\$8.00

LEAVE			
Description	Cur Acc	Cur Usage	Cur Balance

TAXABLE FRINGE BENEFITS		
Description	Amount	YTD Amount

EXHIBIT J

## Payroll Check Status Inquiry

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## Payroll Check Status Inquiry

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Employee ID : 0000021363 Name : KEALOHA, LOUIS M

Appointment ID :

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<u>Appointment ID</u>	<u>Pay Event Type</u>	<u>Event Date</u>	<u>Retro Effective Date</u>	<u>Input Amount</u>	<u>Dollar Amount</u>	<u>Document Code</u>	<u>Document Department</u>	<u>Document ID</u>
✓	SVN	01/26/2017		99,999.00	99999.00	OTPAY	BFS	1701260000000015471
	SVN	01/26/2017		99,999.00	99999.00	OTPAY	BFS	1701260000000015471
	SVN	01/26/2017		50,002.00	50002.00	OTPAY	BFS	1701260000000015471

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Appointment ID :

Document Code : OTPAY

Pay Event Type : SVN

Document Department : BFS

Pay Event Type Desc : SVRANCE PAY

Document ID : 1701260000000015471

Event Date : 01/26/2017

Line # : 1

Input Amount : 99,999.00

Sub-Line # : 00

Dollar Amount : 99999.00

Detail Type :

Retro Effective Date :

WDR Used : ☐Retro : ☐Entity Adjustment : ☐

EXHIBIT K